

## Exhibit 8 P

### CDBG-ED Employee Training Tracking Form

Employee Name	New Created Position Y/N	Position	Date of Start of Training	Date Training Completed	Type of Training	Cost of Training	Probationary Period Completed? Y/N
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Employee Name	New Created Position Y/N	Position	Date of Start of Training	Date Training Completed	Type of Training	Cost of Training	Probationary Period Completed? Y/N
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